

# Occurrence of Influenza

## July 1955 to June 1956

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**D**URING the period July 1, 1955, to June 30, 1956, the incidence of influenza was comparatively low in the United States. Although influenza A predominated, the small outbreaks of this type were sporadic and localized. There were, however, occasional sharp outbreaks in the east, midwest, and west during the late winter months of 1956. Clinically, the disease was mild, and no unusual mortality was associated with it. Influenza B was reported less frequently than in the previous 2 years. Influenza C was recognized principally in the late winter and early spring.

Of more than usual interest was an outbreak of specifically diagnosed influenza A during July 1955 in a penal institution at Hagerstown, Md. The cases were first noted July 18 and continued for 3 weeks. A total of 350 cases of respiratory illness occurred among 900 inmates, from a number of whom influenza A virus was recovered. No further outbreaks were recognized in the United States until the winter months, although serologic evidence of sporadic infections in military installations was found in November.

In England during December, influenza A infection was diagnosed among American school children at an Air Force base and also in scattered parts of the south of England as out-

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### Reporting System

Current information on the occurrence of specifically diagnosed influenza and suspected outbreaks of influenza-like disease is published each week in the Communicable Disease Summary of the National Office of Vital Statistics, Public Health Service, and is distributed to health agencies in the United States and other countries. This is part of a worldwide effort sponsored by the World Health Organization to improve the reporting of influenza and to encourage exchange of newly isolated strains of influenza virus for investigational purposes.

In the United States, research laboratories, hospitals, and Federal and State agencies, including Army, Navy, and Air Force installations, report the observations to the Influenza Information Center of the WHO Influenza Study Program in the United States.

Dr. Carl C. Dauer, medical adviser of the Office of Vital Statistics, Public Health Service, is now executive secretary of the Influenza Information Center. The International Influenza Center for the Americas will continue under the direction of Dr. Keith E. Jensen at the Virus and Rickettsia Section, Laboratory Branch, Communicable Disease Center Activities, Montgomery, Ala.

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breaks of relatively mild intensity. A few serologically recognized cases continued to occur during December in the United States.

In January, two sporadic cases of influenza A were diagnosed by virus isolation in the vicinity of Washington, D. C., but the incidence never attained unusual proportions.

During February, localized outbreaks of varying intensity were recognized in upstate New York; Pennsylvania; Cleveland, Ohio; and Illinois. Influenza A virus was recovered from some cases. In Herkimer and Fulton Counties, N. Y., the incidence of influenza was high enough to be reflected in a school absentee rate of 40 percent, but this rate did not obtain in other areas. California reported a number of serologically confirmed cases from the north central part of the State and the San Francisco area.

In March, specifically diagnosed influenza A continued to be recognized from the San Francisco area and also from the southern part of

**Isolations of influenza virus and positive diagnostic serologic tests (any technique) reported by civilian and military laboratories participating, continental United States and Alaska**

Month and year	Isolation of virus, type			Routine serologic tests, type		
	A	B	C	A	B	C
<i>1955</i>						
November.....	0	0	0	2	12	0
December.....	0	0	0	3	5	1
<i>1956</i>						
January.....	6	0	0	30	4	0
February.....	14	0	0	73	4	0
March.....	11	0	1	138	4	6
April.....	1	0	0	17	0	6
May.....	0	0	2	4	2	6
Total.....	32	0	3	267	31	19

California. However, it was not of the same order as that which occurred in 1953 or 1951 and clinically was not severe. Minnesota experienced a low incidence, most noticeable as a respiratory disease outbreak on a hospital ward. Influenza A virus was recovered in several instances. A localized outbreak of rather sharp intensity was also recognized in Hamilton, Mont., during this period. New York and other areas of eastern United States continued to report sporadic cases or small outbreaks.

California continued to report a few cases of influenza A in the month of April. In May, influenza C occurred sporadically at Great Lakes Naval Training Center, Ill., and 2 strains of virus were recovered from patients.

Of interest was the occurrence in Jamaica, B. W. I., of influenza A during December and January. Although the cases were described as moderately severe clinically, no unusual death rate was noted.

The mortality in the United States from all causes and from influenza and pneumonia did not reflect the occurrence of influenza A infec-

tion nor show any excess over that expected for winter months.

The strains of influenza A recovered from patients were antigenically similar to each other and to those recovered in the last several years in this country, including the A/FLW/1/52, A/Malaya/302/54, and A/Albany/2/55 strains. Influenza C virus strains were found to be similar to those previously isolated since 1950.

In contrast with the preceding year, no isolation of influenza B virus was reported to the Influenza Information Center, although there were a few reports of serologically diagnosed infection with this type.

The table shows that a total of 32 strains of influenza A virus and 3 strains of influenza C virus were reported as recovered in the United States during this time. By serologic means, 267 specific diagnoses of influenza A, 31 of influenza B, and 19 of influenza C were made. The distribution by months in this table has little significance because of the widespread sources and the small number of reports.

